

COURT DATE

ART UNIT PAPER NUMBER

DATE MAILED:

NOTICE OF INSUFFICIENT FILING FEES

APPLICANT IS GIVEN 30 DAYS FROM THE DATE OF MAILING OF THIS NOTICE WITH WHICH TO SUBMIT THE BALANCE DUE. Extension of this 30 day period under CFR 1.136(a) will not be permitted. Failure to respond within this period will result in the application becoming abandoned. 35 U.S.C. 133.

The filing fees submitted in connection with this application are insufficient. See the attached Patent Application-Fee Determination Recd. (Form PTO-875). The balance due for additional claims and/or multiple dependent claims is summarized below:

A. Filing fees due upon filing the application

| | |
|----------------------------|------------|
| Total Filing Fees Due | = \$ _____ |
| Less Filing Fees Submitted | = \$ _____ |
| BALANCE DUE | = \$ _____ |

B. Fees due in connection with the amendment filed on _____

| | |
|---------------------|------------------|
| Total Fees Due | = \$ <u>1500</u> |
| Less Fees Submitted | = \$ <u>1320</u> |
| BALANCE DUE | = \$ <u>180</u> |

ATTACHMENT: FORM PTO-875

Clerk of Court

APPLICANT: PLEASE COMPLETE THIS PORTION AND RETURN THIS NOTICE WITH PAYMENT
Fee submitted \$ _____ Signature _____

CERTIFICATE OF MAILING

I hereby certify that this notice and the required additional fee are being deposited with the U.S. POSTAL SERVICE as first class mail in an envelope addressed to:
Commissioner of Patents and Trademarks, Washington, D.C. 20231, on (Date) _____

Print Name: _____

Signature: _____

PTO-319(Rew. 7-72)

BEST AVAILABLE COPY

| | | | | | | | | | | |
|--|---|-------------------------------|---|-------------------------------|---|---------------------------|---|---------------------------|---|--|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 | | | | | Application or Docket Number <i>09903431</i> | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY | | | | | |
| TOTAL CLAIMS 55 | | NUMBER FILED 55 | | NUMBER EXTRA 35 | | RATE 355.00 | | RATE 710.00 | | |
| FOR | | | | | | X\$ 9= | | X\$18= 630. | | |
| TOTAL CHARGEABLE CLAIMS 55 minus 20= * | | | | | | X40= | | X80= | | |
| INDEPENDENT CLAIMS 2 minus 3 = * | | | | | | +135= | | +270= | | |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | | | | | | | TOTAL | | TOTAL 1350. | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | | |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | SMALL ENTITY OR OTHER THAN SMALL ENTITY | | | | | |
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE ADDI- TIONAL FEES | | RATE ADDI- TIONAL FEES | |
| | Total * | | Minus ** | | = = | | X\$ 9= | | X\$18= | |
| | Independent * | | Minus *** | | = = | | X40= | | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | +135= | | +270= | |
| | | | | | | | TOTAL ADDITIONAL FEES | | TOTAL ADDITIONAL FEES | |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE ADDI- TIONAL FEES | | RATE ADDI- TIONAL FEES | |
| | Total * | | Minus ** | | = = | | X\$ 9= | | X\$18= | |
| | Independent * | | Minus *** | | = = | | X40= | | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | +135= | | +270= | |
| | | | | | | | TOTAL ADDITIONAL FEES | | TOTAL ADDITIONAL FEES | |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE ADDI- TIONAL FEES | | RATE ADDI- TIONAL FEES | |
| | Total * | | Minus ** | | = = | | X\$ 9= | | X\$18= | |
| | Independent * | | Minus *** | | = = | | X40= | | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | | | | | +135= | | +270= | |
| | | | | | | | TOTAL ADDITIONAL FEES | | TOTAL ADDITIONAL FEES | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | |